CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
J. D. DUNSHEE, M.D., Director

Weekly Bulletin

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Vol. XIV, No. 18 June 1, 1935 GUY P. JONES EDITOR

California State Board of Health

(Continued from last issue)

At the time this epizootic among the ground squirrels in Tulare and Kern counties was under investigation another similar epizootic among squirrels was reported in Modoc County. Even more disconcerting was the discovery that this was rodent plague among the Oregon squirrels and the brush rats in the vicinity of Alturas, Modoc County. The infection was particularly heavy in the Fandango Valley, near the Oregon border. We are at a loss to explain the origin of this focus. In this connnection, however, it must be recalled that a fatal human case of bubonic plague was recognized at Lakeview, Oregon, during the month of May—two months before the outbreak at Alturas was established by this department. The State Department of Public Health, in cooperation with the United States Public Health Service, will conduct a thorough investigation of the extent of the infected area. The federal service will extend the investigation into Oregon and Nevada during the coming season, provided federal funds are available. Because of the rapidity with which plague may be transmitted through the squirrel and rat population, and because of the experience in California with both bubonic and pneumonic infections in man, plague eradication is an item requiring recognition in the health department's budget.

STATE BUREAU OF EPIDEMIOLOGY

The State Department of Public Health employs statistical methods for predicating epidemics of those diseases which are not included in the group controlled by man. During February, 1934, an epidemic of poliomyelitis was predicted for the summer. This epidemic was the most extensive ever recorded in California, but the mortality was the lowest. That 3333 cases were reported may be due to a more complete understanding of the diagnosis of nonparalytic cases. The cases were milder than in some of the previous epidemics. All of the histories have not been tabulated, but we have reason to believe that a lower percentage of those cases having central nervous system involvement will have residual paralysis. It is interesting to note, however, that a higher percentage of the cases developed among persons of the older age groups. In the 1912 epidemic 78 per cent of the 531 cases reported were in children under eight years of age; in the 1930 epidemic 59.4 per cent of the 1876 cases were in children under ten years, and last year 42.2 per cent of the 3333 reported cases were under ten. Most unusual of all was the number of cases of poliomyelitis among physicians, nurses and hospital attendants in those hospitals caring for poliomyelitis patients. This was observed in several counties, but no explanation can be offered at this time. Sixty-nine per cent of the total cases reported occurred in the southern part of the state. In the northern section those counties which, for the most part had relatively few cases in the 1930 epidemic, reported the majortiy of the cases. Toward the end of the year the disease was particularly prevalent in Kern County, and a small outbreak of high virulence occurred in the vicinity of Sacramento.

Typhoid fever is usually localized so that full-time local health departments are able to determine the source and bring the epidemic under control. However, during the fall of 1933, 222 cases of typhoid fever were reported from three counties—Santa Barbara, Los Angeles, and San Diego. There were three separate epidemics of typhoid fever which started during the early part of November and terminated six weeks later. Undoubtedly, some food product which was contaminated was distributed to Santa Barbara, San Diego, and certain sections of Los Angeles County. The duration of the infection was definitely limited, and by the time the cases were considered a part of a tricounty epidemic the contributing source had disappeared and could not be located. The occurrence served as a warning, however, as the possibility of such outbreaks appearing in widely separated areas due to a common food supply. It must be admitted that with the increased diversity in food handling it has become exceedingly difficult to trace with absolute certainty sources of typhoid infection. The lesson which we can draw from this tricounty epidemic stresses again the importance of initiating investigations early in the course of the epidemics. The State Department of Public Health is always prepared to place at the disposal of the physicians and health officers experts who are associated with this department.

BUREAU OF CHILD HYGIENE

The Bureau of Child Hygiene, which includes prenatal care, has been greatly handicapped by lack of funds. For a properly organized bureau, we should have a rural nursing service. This should consist of an adequate staff of nurses and additional supervising physicians. More county hospitals should develop facilities for prenatal care and for baby-health supervision. In view of the fact that one birth in seven occurred in county hospitals, it is quite evident that there is a large field for educational, medical and nursing work. In 1930, 17 per cent of births in California were among Mexicans, while 38 per cent of the infant mortality occurred in that race. This illustrates further the need for more educational work in prenatal, infant and maternal hygiene. The educational work of this bureau also includes imparting to mothers the value of early immunization against diphtheria and smallpox. The success of this phase of preventive medicine depends upon the cooperation between both official and nonofficial health agencies and the members of the medical profession. Those engaged in health education emphasize to the families the value of immunization, and the health departments should render immunization available for those not given the protection by the family physician.

Unfortunately, one must always be content with what is practicable, remembering that habits remain second nature, and that only a slow process of evolution will ultimately accomplish what is considered best.

INDUSTRIAL HYGIENE PAYS DIVIDENDS

By John J. Sippy, M.D., Health Officer San Joaquin Health District, Stockton

Modern business ethics and codes are multiplying social responsibilities. Demands for improved working conditions produce many altercations and discussions. While, for the most part, these relate to hours and wages, they sometimes arise from disputed standards of sanitation and hygiene. To the public health observer, it is gratifying to note that these latter are becoming more and more infrequent. In fact, improvement in industrial hygiene measures is one of the outstanding social advances of the new century.

For the few who lacked vision and a sense of duty, a minimum observance of such measures is compelled by law. These laws are the result of support by the farseeing group of manufacturers who, realizing necessity, had instituted sanitary regimes in their own factories and felt the need of universal application.

Keen business men see many values in plant sanitation. In food production, it is essential for protection of consumers. At all times, it enhances good will and working efficiency of employees and ultimate economy of operation. It lowers insurance and compensation rates. As an end result, it has an advertising value beyond measurement.

The program of industrial hygiene is dependent not only on public education and demand, but upon cooperation of employer and employees. While ideal conditions are not always possible, and sometimes not wholly practicable, conscientious factory managements will strive to minimize deleterious gases, dust, noise and nuisances; to provide adequate lighting and relief of eye strain; to afford proper conditions of ventilation, temperature and humidity; to install safety devices for accident prevention and first aid stations for the unpreventable happenings; and to provide proper hours of labor and periods for rest and recreation for avoidance of fatigue.

Conscientious employees will strive to preserve cleanliness, to be physically fit for service by proper attention to diet, hours of rest, exercise and correct health habits, and by avoidance of excesses which result in unnecessary absences and breakdowns in morale, mental fitness and amiable dispositions.

If both can contribute to a program of medical, dental and nursing attention for routine physical examinations for discovery and correction of defects of teeth, tonsils, vision, hearing, and serious insidious diseases, it will go far toward increase of efficiency, better team work, increased output and greater certainty of profit. This, of course, may not be so practicable or so urgent in the smaller plant.

In any program for increasing sanitation and hygiene, the health department can be a source of advice and assistance. It has an interest in preserving the general health and prosperity of the community. In its several departments, it can be of service to factory managements and to employees and their families in many ways at work, at school and at home. Through health conservation, it is possible to increase contentment and enjoyment of life.

BEHIND THE SCENES IN BAKERIES

An article in the May Baltimore Health News reads as follows:

“Recent press dispatches from a neighboring state have dealt with an explosive food-poisoning outbreak characterized by severe gastro-enteritis, vomiting, diarrhea and prostration, which affected approximately 800 persons who had consumed cream puffs and eclairs apparently distributed by a single bakery. This event has again focused attention upon the public health hazard of the cream or custard filled pastry. The popularity of these food products and their usual harmlessness, especially in the cold weather months, indicates that there is no need for general alarm. None the less they point clearly to the research nature of modern public health administration where the laboratory and epidemiological sciences must work shoulder to shoulder with intelligent field inspection services in providing the answer to the puzzle of 'how to prevent.'

“Professor Fred Wilbur Tanner in his volume entitled Food-Borne Infections and Intoxications (1933, pp. 254–256) indicated that Leffmann (1897) in the United States and Peyrouteaux (1903) in Bordeaux were among the first to write upon the subject of food poisoning from such articles as eclairs and cream puffs. Dr. Edwin Oakes Jordan in his Food Poisoning and Food-Borne Infections (1931, p. 5) refers to N. A. Nelson's published report of an outbreak of gastro-enteritis affecting over 150 persons which followed the eating of chocolate cream pie in and near Boston during the summer of 1928. References are here given to other reports dealing with this problem which prior to 1934 had involved a known total of over 900 persons in the United States.*

“Baltimore has had its own experiences with food poisoning from custard-filled doughnuts. An outbreak involving 29 people was described in the August, 1932 issue of Baltimore Health News. Since 1926 special attention in this city has been given to health department supervision of pastry-baked goods, because of the known dangers of handling any kind of food after it has been cooked, particularly in warm weather.

“Further investigations, some still in progress in Baltimore, have been conducted. These show that by using clean utensils, avoiding hand contacts, by prompt cooling of the hot pastry filling and by refrigeration of carried-over stock paste and of the finished pastries, it is apparently quite possible to prepare a product of superior sanitary and keeping quality, and one, therefore, not likely to cause food poisoning. The findings in these investigations have been translated into the routine field inspection service of bakeries. Cooperative meetings have been conducted with Baltimore bakers, many of whom have voluntarily discontinued the sale of cream pastry goods during the summer months. Many improvements in machinery and equipment have been made by the industry. Particular attention in this connection is called to the modern electrically driven stirring machines for cooling the boiling hot pastry filling. These machines have easily demountable blades and other parts which can be thoroughly scrubbed and cleaned and have in many bakeries replaced the former hand-use whipper or 'beater'. The construction of the new machines with demountable parts greatly reduces the risk of bacteria growing in otherwise hidden and unbrushable places.

“It is felt that a part of the problem of preventing food-poisoning outbreaks from cream filled or custard-filled pasteries may lie in possible contamination of batches of pastry filling because of the use of unsuitable apparatus. At least further study of details of this nature would seem to be worth while.”

* (1) Information received from United States Department of Agriculture, Food and Drug Administration, 1929 and 1930; (2) Health News, New York State Department of Health, December 8, 1930, Vol. VII, p. 193; (3) Public Health News, Department of Health of New Jersey, March, 1931, Vol. XVI, p. 67; (4) Journal of the American Medical Association, December 5, 1931, Vol. 97, pp. 1704–1707; (5) American Journal of Public Health, July, 1932, Vol. XXII, p. 721; (6) Baltimore Health News, August, 1932, Vol. 9, p. 61; (7) Health News, New York State Department of Health, March 6, 1933, Vol. X, p. 37; (8) The Commonwealth, Massachusetts State Department of Public Health, July, August-September, 1933, Vol. XX, No. 3.

Man can not degrade woman without himself falling into degradation; he can not elevate her without at the same time elevating himself.—Alexander Walker.

MORBIDITY

Complete Reports for Following Diseases for Week Ending May 25, 1935

Chickenpox

896 cases: Alameda County 2, Alameda 22, Albany 5, Berkeley 38, Emeryville 3, Oakland 65, Contra Costa County 11, Antioch 1, Martinez 1, Pittsburg 4, Richmond 1, Fresno County 3, Fresno 13, Sanger 5, Imperial County 2, Inyo County 3, Kern County 11, Hanford 15, Lemoore 1, Los Angeles County 46, Alhambra 2, Arcadia 3, Avalon 2, Azusa 4, Beverly Hills 27, Burbank 1, Claremont 3, Compton 3, Culver City 10, El Segundo 1, Glendale 7, Huntington Park 4, Inglewood 2, Laverne 1, Long Beach 23, Los Angeles 120, Manhattan 2, Pasadena 23, Pomona 5, San Marino 2, Santa Monica 13, Sierra Madre 1, Vernon 1, Whittier 6, Lynwood 1, Monterey Park 8, Marin County 1, San Anselmo 11, Merced County 1, Monterey County 1, King City 1, Salinas 6, Orange County 3, Brea 1, Huntington Beach 4, Santa Ana 11, Seal Beach 1, La Habra 3, Laguna Beach 1, Riverside County 10, Hemet 4, Riverside 6, Sacramento 7, San Bernardino County 2, Ontario 2, Redlands 2, San Bernardion 3, San Diego County 7, Chula Vista 2, National City 4, San Diego 50, San Francisco 143, San Joaquin County 13, Stockton 6, San Mateo County 3, Burlingame 1, Daly City 2, Atherton 1, Belmont 1, Santa Barbara County 3, Santa Barbara 7, Santa Maria 2, Santa Clara County 9, Palo Alto 3, Sunnyvale 1, Willow Glen 5, Santa Cruz 3, Vacaville 12, Sonoma County 1, Tulare County 1, Exeter 2, Ventura County 4, Yolo County 2, Yuba County 1.

Diphtheria

24 cases: Oakland 2, Kern County 1, Hanford 1, Los Angeles County 1, Los Angeles 13, Torrance 1, Orange County 1, Ontario 1, San Diego County 2, Santa Clara 1.

German Measles

1162 cases: Alameda County 2, Alameda 2, Berkeley 9, Emeryville 2, Oakland 47, Amador County 1, Contra Costa County 20. Fresno County 60, Fresno 3, Sanger 1, Kern County 2, Los Angeles County 79, Alhambra 3, Arcadia 1, Azusa 2, Beverly Hills 2, Burbank 1, Compton 5, Covina 1, El Monte 1, El Segundo 1, Glendale 4, Huntington Park 13, Inglewood 2, Long Beach 11, Los Angeles 62, Monrovia 1, Pasadena 58, San Fernando 2, Santa Monica 4, Whittier 2, Torrance 3, Lynwood 3, Hawthorne 1, South Gate 4, Monterey Park 8, Maywood 1, Bell 2, San Anselmo 14, Monterey County 1, Salinas 1, Orange County 55, Fullerton 2, Santa Ana 23, Riverside County 2, Beaumont 1, Orange 1, Riverside 2, Sacramento 45, San Bernardino County 1, Ontario 3, Redlands 2, San Bernardino 4, Upland 3, San Diego County 22, Chula Vista 4, La Mesa 3, National City 12, San Diego 40, San Francisco 139, San Joaquin County 4, Stockton 3, San Luis Obispo 1, Burlingame 1, Daly City 4, San Mateo 2, Belmont 1, Santa Barbara County 1, Lompoc 2, Santa Barbara 1, Santa Clara County 126, Los Gatos 1, Mountain View 1, Palo Alto 34, San Jose 69, Sunnyvale 8, Willow Glen 5, Sonoma County 43, Tehama County 2, Tulare County 10, Ventura County 25, Yolo County 6, Winters 6.

Influenza

32 cases: Los Angeles County 5, Alhambra 1, Glendale 2, Long Beach 2, Los Angeles 19, Sacramento County 1, San Diego 2.

Malaria

One case: Sacramento.

Measles

1826 cases: Alameda County 11, Alameda 7, Albany 1, Berkeley 57, Oakland 38, Colusa County 1, Colusa 1, Contra Costa County 14, Antioch 9, Concord 17, El Cerrito 2, Pittsburg 11, Richmond 1, Placerville 2, Fresno County 20, Fowler 1, Fresno 63, Sanger 5, Selma 1, Calexico 1, Kern County 45, Bakersfield 8, Hanford 2, Lemoore 4, Los Angeles County 39, Alhambra 4, Beverly Hills 8, Burbank 19, Compton 3, Culver City 1, Glendale 8, Glendora 1, Hermosa 2, La Verne 1, Long Beach 134, Los Angeles 122, Monrovia 1, Montebello 4, Pasadena 16, Redondo 1, San Fernando 1, Torrance 1, Lynwood 10, Hawthorne 1, Signal Hill 1, Bell 1, Madera County 13, San Anselmo 3, Merced County 11, Gustine 1, Los Banos 4, Monterey County 7, Salinas 8, Napa 1, Orange County 63, Anaheim 24, Fullerton 21, Newport Beach 8, Orange 16, Santa Ana 80, La Habra 5, Placentia 4, Tustin 11, Riverside County 6, Beaumont 12, Riverside 4, Sacramento 256, North Sacramento 1, Ontario 5, San Bernardino 2, Upland 4, San Diego County 3, San Diego 9, San Francisco 138, San Joaquin County 103, Manteca 3, Stockton 10, San Luis Obispo County 27, Paso Robles 3, San Mateo County 1, Santa Barbara County 7, Lompoc 21, Santa Barbara 2, Santa Clara County 34, Gilroy 14, Mountain View 4, Palo Alto 8, San Jose 58, Willow Glen 5, Watsonville 13, Siskiyou County 1, Solano County 1, Suisun 1, Sonoma County 1, Red Bluff 1, Trinity County 10, Tulare County 7, Lindsay 19, Ventura County 15, Fillmore 1, Yolo County 26, Winters 4, Woodland 4, Yuba County 1.

Mumps

364 cases: Alameda County 4, Alameda 11, Berkeley 6, Hayward 1, Oakland 44, Amador County 3, Butte County 1, Fresno 1, Los Angeles County 11, Azusa 4, Burbank 9, Claremont 1, Culver City 1, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 8, Marin County 1, San Anselmo 6, Merced County 2, Gustine 2, Monterey County 1, Orange County 6, Fullerton 2, Placentia 3, Plumas County 18, Riverside County 10, Beaumont 1, Hemet 1, Sacramento 13, San Bernardino 2, San Diego 14, San Francisco 22, San Joaquin County 2, Stockton 15, San Luis Obispo County 4, San Luis Obispo 11, Lompoc 1, Santa Maria 5, Santa Clara County 8, Gilroy 6, San Jose 7, Willow Glen 2, Watsonville 2, Sonoma County 28, Tehama County 4, Tulare County 17, Lindsay 5, Yolo County 28, Woodland 5, Yuba County 1.

Pneumonia (Lobar)

29 cases: Berkeley 1, Oakland 2, Los Angeles County 5, Azusa 1, Glendale 1, Hermosa 1, Los Angeles 6, Santa Monica 1, Hawthorne 1, South Gate 1, Riverside County 4, San Diego County 1, San Francisco 4.

Scarlet Fever

249 cases: Alameda County 1, Alameda 1, Albany 1, Berkeley 2, Oakland 6, Butte County 1, Antioch 1, Pinole 1, Richmond 2, Fresno County 4, Sanger 1, Imperial County 1, El Centro 3, Holtville 1, Kern County 6, Bakersfield 2, Hanford 1, Los Angeles County 18, Alhambra 2, Arcadia 2, Beverly Hills 2, Burbank 2, Compton 1, El Monte 1, Glendale 3, Inglewood 1, Long Beach 2, Los Angeles 52, Manhattan 1, Pasadena 3, San Fernando 1, Santa Monica 1, Monterey Park 8, Madera County 1, San Anselmo 4, Los Banos 1, Orange County 1, Santa Ana 1, Placer County 4, Auburn 1, Beaumont 1, Hemet 1, Riverside 1, Sacramento 9, San Bernardino County 1, Ontario 3, San Bernardino 2, Chula Vista 1, National City 2, San Diego 23, San Francisco 21, San Joaquin County 6, Stockton 2, San Carlos 2, Lompoc 1, Santa Barbara 1, Santa Clara County 3, San Jose 4, Fairfield 1, Vallejo 4, Tulare County 3, Sonora 1, Ventura County 1, Yolo County 5, Woodland 2.

Smallpox

16 cases: Los Angeles County 7, Los Angeles 5, Marin County 1, Watsonville 2, Tulare County 1.

Typhoid Fever

6 cases: Alameda County 1, Jackson 1, Imperial County 1, Calipatria 1, Kern County 1, San Diego County 1.

Whooping Cough

263 cases: Berkeley 17, Oakland 10, Fresno County 4, Fresno 1, Los Angeles County 11, Alhambra 5, Azusa 1, Burbank 2, Glendale 2, Huntington Park 5, Long Beach 2, Los Angeles 19, Pasadena 1, Redondo 1, San Fernando 1, Santa Monica 4, Whittier 3, South Gate 3, San Anselmo 5, Merced County 1, Orange County 1, Anaheim 1, Orange 1, Santa Ana 1, Riverside County 2, San Bernardino County 1, San Diego County 5, Chula Vista 6, National City 40, San Diego 15, San Francisco 40, San Joaquin County 3, Stockton 3, San Luis Obispo County 2, San Luis Obispo 3, Santa Barbara County 4, Santa Barbara 17, Santa Clara County 1, Gilroy 1, Los Gatos 3, Palo Alto 2, San Jose 9, Sonoma County 2, Healdsburg 1, Davis 1.

Meningitis (Epidemic)

15 cases: Fresno County 1, Imperial County 1, Long Beach 1, Los Angeles 2, Santa Monica 1, Salinas 1, Sacramento 1, San Bernardino 1, San Diego County 1, San Francisco 1, Tulare County 1, Ventura County 2, Fillmore 1.

Dysentery (Amoebic)

3 cases: Santa Ana 1, San Bernardino 2.

Dysentery (Bacillary)

One case: Los Angeles.

Pellagra

6 cases: Berkeley 1, Los Angeles County 1, Pomona 1, San Francisco 1, Santa Barbara 1, Vallejo 1.

Poliomyelitis

6 cases: El Centro 1, Kern County 1, Los Angeles 3, Monterey Park 1.

Tetanus

One case: Pasadena.

Trachoma

2 cases: Los Angeles County 1, San Diego 1.

Rocky Mountain Spotted Fever

One case: Lassen County.

Trichinosis

One case: San Francisco.

Food Poisoning

14 cases: San Francisco.

Undulant Fever

3 cases: Redlands 1, South San Francisco 1, California 1.*

Actinomycosis

One case: San Francisco.

Septic Sore Throat (Epidemic)

One case: Santa Monica.

Rabies (Animal)

15 cases: Culver City 1, Glendale 2, Los Angeles 9, Pomona 1, Monterey Park 1, Sacramento County 1.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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